

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/553291

FILING DATE

APPLICANT(S)

8131106

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT		
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TOTAL IND.		14				
TOTAL DEP.		17				
TOTAL CLAIMS		31				

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TOTAL CLAIMS							